



E000750

EGRAPHIC MESSAGE

NAME OF AGENCY DHEW, PHS, HSMHA, RMPS		PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION 3-3971015 7530321 23.6J		DATE PREPARED 4/6/73	TYPE OF MESSAGE <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
FOR INFORMATION CALL			
NAME Sarah J. Silsbee	PHONE NUMBER 31580		
THIS SPACE FOR USE OF COMMUNICATION UNIT			

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

MR. ROBERT SHAW
PROGRAM DIRECTOR, RMP
OFFICE OF THE REGIONAL HEALTH DIRECTOR
DHEW REGION II
26 FEDERAL PLAZA - ROOM 3300
NEW YORK, NEW YORK 10007

THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM REVIEW BY RMPS OF THE PHASE-OUT PLANS SUBMITTED ON MARCH 15 BY THE ALBANY REGIONAL MEDICAL PROGRAM. THE DECISIONS ARE AS FOLLOWS:

1. THE TERMINATION DATE FOR THE ALBANY REGIONAL MEDICAL PROGRAM IS JANUARY 31, 1974. THIS IS THE DATE BEYOND WHICH NO RMPS GRANT FUNDS MAY BE EXPENDED.

2. THE APPROVED DIRECT COST IS NOW \$568,537 PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD JANUARY 1, 1973 THROUGH JANUARY 31, 1974.

3. FUNDS MAY BE EXPENDED AFTER 6/30/73 FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW:

<u>NUMBER</u>	<u>TITLE</u>
#22	TRAINING FOR DELIVERY OF HOME CARE
#24	MIGRANT HEALTH IN COLUMBIA COUNTY

SECURITY CLASSIFICATION

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TELEGRAPHIC MESSAGE

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<p>TO:</p> <table border="0"> <thead> <tr> <th><u>NUMBER</u></th> <th><u>TITLE</u></th> </tr> </thead> <tbody> <tr> <td>#27</td> <td>SPECIAL TRAINING FOR EMERGENCY DEPT. NURSES</td> </tr> </tbody> </table> <p>ALL OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY CONTRACTED, MUST BE TERMINATED BETWEEN NOW AND JUNE 30.</p> <p>4. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL. EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS SHOULD BE KEPT AT A MINIMUM.</p> <p>5. IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE SUPPORT BEYOND JUNE 30 FOR THE PROJECTS AND ACTIVITIES LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT ACTIVITY AND TO ASSURE COMPLIANCE WITH CLOSEOUT REQUIREMENTS BY JANUARY 31, 1974.</p> <p>THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS RETENTION, USE OF GRANT-RELATED INCOME, ETC. RATHER, IT REPRESENTS, OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE PHASE-OUT OPERATIONS AND NEGOTIATIONS. WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU</p> <p>TO CALL THE GRANTS MANAGEMENT BRANCH</p>				<u>NUMBER</u>	<u>TITLE</u>	#27	SPECIAL TRAINING FOR EMERGENCY DEPT. NURSES
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TO:

(301/443-1800) FOR ASSISTANCE AS NEEDED. THE GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED TO SUPPORT THE AMENDED AWARD NOTICE.

HAROLD MARGULIES, M. D.
DIRECTOR
REGIONAL MEDICAL PROGRAMS SERVICE

SECURITY CLASSIFICATION

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